

213047305
11127

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 126	Agency Case No. B3-114917	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/13/2013 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			TIME OF ACCIDENT 1714	STATE USE ONLY 12/14/2013							
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1716	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO								
B	25	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. Groveland/ N 8th-N 9th			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO								
C	5	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		LONGITUDE						
D	1	IF AT INTERSECTION			IF NOT AT INTERSECTION								
V1/M	14	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
V2/M	01	24.00			X	W drive of 810 Groveland							
E	2	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
F	3	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
G	2	VEHICLE NO. 1											
H	5	DRIVER LICENSE NO.	H13295759	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE							
I	1	DRIVER	JAMIE L KORTH	PHONE	4028028605	LOCAL NO.							
J	1	DRIVER ADDRESS	6736 Ballard Avenue, LINCOLN, NE 68507			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	01/02/1992					
K	1	OWNER	JAMIE L KORTH	PHONE	4028028605	LOCAL NO.	01-02-1992						
L	2	OWNER ADDRESS	6736 Ballard Avenue, LINCOLN, NE 68507			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	LB404940					
M	5	LICENSE PLATE	PA NO. TAU224	YEAR (Plate Expires)	2013	STATE (Of Plate)	NE						
N	1	VEHICLE	1999	MAKE	Oldsmobile	MODEL	Intrigue	BODY STYLE	4 door Sedan	COLOR	bronze	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 1000
O	1	VEHICLE ID NO. (VIN)	1G3WS52HXXF351042			INSURANCE COMPANY	State Farm						
P	1	TOWED TO	TOWED BY			POLICY NO.	0404539C0727E						
Q	1	VEHICLE NO. 2											
R	1	DRIVER LICENSE NO.	H12703819	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE							
S	1	DRIVER	STACI L JACKSON	PHONE	4022170540	LOCAL NO.							
T	1	DRIVER ADDRESS	3731 N 44TH ST, LINCOLN, NE 68504			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	06/30/1984					
U	1	OWNER	STACI L KADAVY	PHONE	4022170540	LOCAL NO.	06-30-1984						
V	01	OWNER ADDRESS	3731 N 44 ST, LINCOLN, NE 68504			CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO						
W	4	LICENSE PLATE	PA NO. SKK373	YEAR (Plate Expires)	2014	STATE (Of Plate)	NE						
X	4	VEHICLE	2003	MAKE	Honda	MODEL	Accord	BODY STYLE	4 door Sedan	COLOR	black	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 1500
Y	4	VEHICLE ID NO. (VIN)	3HGCM56363G704091			INSURANCE COMPANY	Progressive						
Z	01	TOWED TO	TOWED BY			POLICY NO.	30446393						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX	M F	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.							
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX	M F	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.							
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX	M F	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.							

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B3-114917



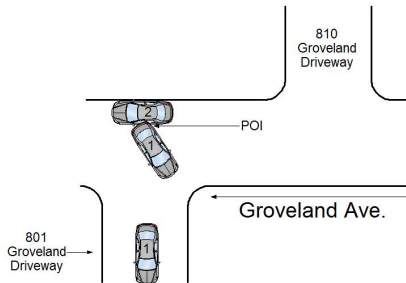
Indicate
North
by Arrow



POI:
7'1" S of N curb line of
Groveland Ave.
24'7" W of W edge of
Driveway of 810 of
Groveland Ave.

Groveland Ave. Width:
25'3"

Measurements are not
exact.



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 said she was backing out of the driveway of 801 Groveland Ave. and was distracted by her children. D1 said she did not notice V2 behind her until she made contact with it. D2 said she had just parked her vehicle on the N side of the street in front of 801 Groveland Ave. and still had her seatbelt on when she was struck by V1. D1 was cited and released for backing without safety.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																																																				
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2																																																									
1	X				Groveland				<table border="1" style="width:100%;"> <tr><td></td><td></td><td>5</td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td>5</td><td></td></tr> </table>				5						4		5		<table border="1" style="width:100%;"> <tr><td></td><td></td><td>5</td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td>5</td><td></td></tr> </table>				5						2		5		<table border="1" style="width:100%;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>														<table border="1" style="width:100%;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>													
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4		5																																																														
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2		5																																																														
2				X	Groveland																																																											
1	02	06 Turning left			POINT OF IMPACT	06	POINT OF IMPACT	07	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		<table border="1" style="width:100%;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td></td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian		Y	Y	Y	ALCOHOL LEVEL TESTED	N	X	N																																						
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	Y	Y	Y																																																													
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2	10	08 Entering traffic lane			MOST DAMAGED AREA	06	MOST DAMAGED AREA	07	<table border="1" style="width:100%;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> </table>										4				<table border="1" style="width:100%;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> </table>										2				<table border="1" style="width:100%;"> <tr> <th>BAC LEVEL</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td></td> <td>1</td> <td>1</td> </tr> </table>		BAC LEVEL	Driver No. 1	Driver No. 2		1	1																				
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01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other								1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown																																																				

OFFICER NO. 1722	TROOP/ TEAM/ BEAT	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Quenton Smith		INVESTIGATOR SIGNATURE Approved by Officer Quenton Smith	DATE OF REPORT 12/14/2013